OMB Approved No. 2900-0209 Respondent Burden: 10 minutes

Department of Veterans Affairs					
APPLICATION FOR WORK-STUDY ALLOWANCE (38 U.S.C. Chapters 30, 31, 32 and 35; 10 U.S.C. Chapter 1606)					
1. NAME OF APPLICANT  2. MAILING ADDRESS  A. NUMBER AND STREET OR RI B. APARTMENT OR BOX NUMBE C. CITY OR POST OFFICE D. STATE E. ZIP CODE OF 100 POST OF 100 POST OFFICE	URAL ROUTE		VA FILE NUMBER  SOCIAL SECURITY NUMBER  5. DATE OF BIRTH  MONTH DAY YE	EAR	
NOTE: If you receive an advance payment, you will not receive another payment until you have worked off the advance payment plus an additional 50 hours unless your contract calls for fewer hours.					
7. NAME AND ADDRESS OF Y	OUR SCHOOL 8. CURREN PROGRA	IT EDUCATIONAL OR TRAININ	9. TELEPHONE NUMBER and can reach you (Include area  ( )  Hours	d Hours of the day VA code)  AM PM	
10. CURRENT ENROLLMENT PERIOD		11. NEXT ENROLLMENT PE	RIOD YOU PLAN TO ATTEND		
A. BEGINNING DATE (Month, Day, Year)  12. WORK SITE PREFERENCE	B. ENDING DATE (Month, Day, Year)	A. BEGINNING DATE (Month, Day, Year)	B. ENDING DATE (Month, Day, Year)		
(Please tell us the school, VA faci facility where you would prefer to	ility or other Government do VA-related work)	13. DAYS AND HOURS	13. DAYS AND HOURS DURING THE WEEK YOU WOULD BE AVAILABLE		
		(X)	DAYS  MONDAY  TUESDAY  WEDNESDAY	HOURS	
			THURSDAY		
14. HAVE YOU EVER RECEIVED W	IODIX CTUDY	45 WORK EVERTIFICE (Tell 112	FRIDAY		
14. HAVE YOU EVER RECEIVED WORK-STUDY ALLOWANCE BEFORE? (If "YES," please tell us where you worked)  15. WORK EXPERIENCE (Tell us about the jobs you had before, other than VA work-study jobs)  16. QUALIFICATIONS (Tell us about any special qualifications you have based on your education and work experience. We are interested in experience that would help you work for VA, such as experience in Automated Data Processing programs. Also tell us what kinds of jobs interest you.)					
17. SIGNATURE OF APPLICANT (D	Oo not print)		18. DATE SIGNED		
PRIVACY ACT INFORMATION form is necessary to determine yo disclosure is authorized under the Rehabilitation Records-VA, publi	our eligibility to the benefit for which your Privacy Act, including the routine uses	mpleted application form has been a ou are applying. The responses wh is identified in VA system of records	received (38 U.S.C. 2149). The informatich are submitted may be disclosed outs, 58VA21/22 Compensation, Pension,	ation requested on this side VA only if the Education and	

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

## STUDENT WORK-STUDY ALLOWANCE PROGRAM

### WHO IS ELIGIBLE?

You are, if you're training full-time or 3/4- time in a college degree, vocational, or professional program. A work-study allowance is available under most education benefits programs.

#### **HOW MUCH CAN I EARN?**

You can earn the federal minimum wage or your State minimum wage, whichever is greater.

The total hours you can work cannot be more than 25 times the number of weeks in your enrollment period.

If you elect to receive an advance payment, VA will make your first payment in advance for 40 percent of the total number of your work-study hours. But the advance payment and any following payments can't be for more than 50 hours. (If you elect to not receive an advance payment, VA will pay you for those hours after you work them.)

#### WHAT TYPE OF WORK MAY I DO?

You may do the following types of VA-related work:

- VA paperwork at schools or VA offices;
- Outreach services under VA supervision;
- Work at VA medical facilities or National Cemetery System offices; OR
- Work at Department of Defense facilities related to education benefits under the GI Bill.

#### **HOW DO I APPLY**

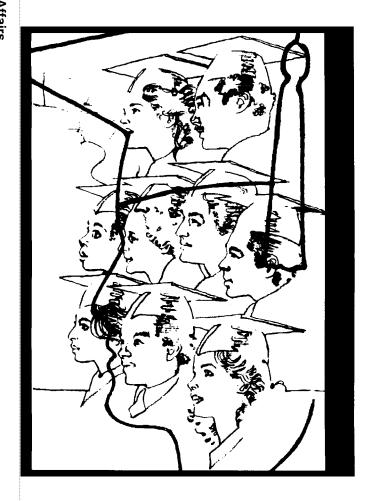
Complete the form on the other side of this page, and mail it to your nearest VA office. For information, call your local VA office at the number in the telephone directory under U.S. Government. (If your local telephone directory does not show a local VA office for your area, call VA at 1-800-827-1000. If you are hearing impaired, call VA at 1-800-829-4833.)

Official Business
Penalty for Private Use \$300

Department of Veterans Affairs
Official Business



# Student Work-Study Allowance Program



Veterans Benefits Administration